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CONTENTS.

CLINICS.

CLINICAL LECTURE.

Clinical Lectures on the Various Risks of Operations.—By JAMES PAGET, F. R. S. Delivered at St. Bartholomew's Hospital.

LECTURE II. Part I.—In my last lecture I told you what I believe about the several degrees of risk incurred by persons of various ages, habits, and constitutions, when submitted to surgical operations. The questions involved in trying to estimate these risks are very difficult, even in their simplest forms; and the difficulties are subject to manifold increase, when, as commonly happens, varieties of habit, constitution, and general disease are variously intermingled. Nor can they be limited even within these complications; for often we have to operate when local diseases add their interferences to those of peculiarities of constitution or of habits.

I refer to all these difficulties, not to magnify the value of anything that I can tell you, but to justify my speaking doubtfully on many points, and talking of belief rather than of knowledge. I must thus speak, especially, when referring in this lecture to the influence of local diseases on the risks of operations; for of these no man's life can be long enough, busy enough, and thoughtful enough, to enable him to gather such experience as can justify positive assertions. I cannot pretend to have attained to more than such beliefs, as being vague, we vaguely express by speaking of impressions more or less strong. I might doubt whether such beliefs should be promulgated, if it were not certain that much of our most useful practice is founded on similar beliefs. We may be very ready to call them knowledges, but they do not deserve the name; and yet we must practise in accordance with them; just as in all the affairs of

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ordinary life, when certainty is not attainable, we are bound to act upon the highest probability that we can discern.

With this understanding let me tell you what I can of how various local diseases influence the results of operations.

Amongst affections of the organs of digestion, I have no experience whatever of the influence of organic disease either of the stomach or intestines. From ordinary gastric dispepsia, associated with a moderately healthy condition of other organs, you will very rarely find any serious results on the consequences of operations. I have seen nothing worse than vexation from flatulence, heartburn, and the like symptoms of what we suppose to be mere functional derangement of the stomach. They need that the patient should be carefully dieted, but nothing more. But I believe that dyspepsia may become a serious complication in any of the very few cases in which large feeding is necessary, especially if it be such dyspepsia as is often attended with vomiting. You should always inquire about such symptoms as even occasional vomiting; for besides those troubles that may arise after operations, I think that of an untoward bearing of chloroform must be reckoned as among its risks. Certainly, some of the worst effects of chloroform I have seen, with long-continued vomiting, and the consequent great exhaustion, have been in persons in whom it appeared to have aggravated a natural irritability of the stomach. Remember, too, what I have said about feeble digestive powers in old persons, and how their stomachs are apt to knock-up after operations.

Among the diseases of the intestines, dysentery, and even the effects of dysentery long past, prove themselves very grave complications. They were so, especially in the Crimean war; happily in civil practice we very rarely have to consider them.

The nearest likeness to dysentery which we see is acute diarrhœa. Except in cases of urgency, you will, of course, never operate till this is checked; but in urgent cases, especially in those of irritative fever with cellular inflammation, diarrhœa adds very largely to the risk. And so it does, I think, in patients in whom it precedes the descent of a hernia that becomes strangulated. This is a more frequent event than you might suppose, and it seems to me always dangerous when, soon after the strangulation of a hernia is relieved, the bowels act irritably, and with copious liquid evacuations. It is one of the many instances in which you will find, when dealing with strangulated hernia, that you are not dealing with merely mechanical difficulty in the intestines, but with some disease which has produced or favoured the strangulation, and upon which your operation has no good effect whatever. Besides, speedy movements of the bowels after operations for hernia are, I think, always injurious. They destroy the quietude which is requisite for the recovery of all the disturbed and damaged parts.

An accidental diarrhœa is only serious when it happens in persons much exhausted. In those that are habitually subject to diarrhœa, if an attack of it happens after an operation, it is not likely to do any harm. But in children and in old people, and in those that are exhausted, diarrhœa may be very serious; especially it may be so in children, in whom it comes on after operations of all kinds, and in whom you must check it abruptly with opium or any other means.

I hardly need tell you that it is well to have a patient's bowels properly open before an operation (everybody looks to that), and to see that, as far as possible, the intestinal secretions are healthy. The tradition of this necessity is not likely soon to fade out at St. Bartholomew's. And if I do not refer to the subject more fully, if is only because the rule for it comes within the much larger rule that, so far as may be possible, the secretions of all the organs of the body should be set right, or kept right, before a patient is subjected to any risk from injury. But, respecting constipation, I think its importance has been over-stated. Repeatedly, after operations for hernia, I have observed that no patients do better than those in whom, without any sign of abiding strangulation, the bowels do not act for four, five, or even more days after the operation. And in cases of operation for fissured perineum and vesico-vaginal or recto-vaginal fistula, in which one used formerly more than now to keep the bowels at rest for many days, I never saw any general disturbance of the health due to the mere inaction of the bowels. It was, indeed, often remarkable that while the action of the bowels was arrested for ten, twelve, or more days, the patient passed

through the ordinary process of recovery from the operation in exactly the same manner, with the same reaction, the same recovery from reaction, and the same gradual regaining of power, as those do whose bowels act daily. From mere constipation, therefore, you need not anticipate any generally bad result. I do not recommend you to be altogether unmindful of it; but you need not, as some do, consider it the matter of chiefest importance. There is, however, a risk from constipation against which you must very carefully guard. In some people a difficult or very copious action of the bowels is an exhausting process; and in these the exhaustion, after many days' inaction, may be a serious matter. Therefore always give directions that in their cases, and, indeed, in all cases after long constipation, wine or food is to be given after, or even during, any great action of the bowels. I believe I have known a life lost through neglect of this rule. The patient was a very feeble person, whose breast had been removed. She was habitually costive, and her bowels had not acted for five or six days. Then, after some slight aperient, there came a profuse action. Shortly after it she had a rigor; and then pyæmia set in, of which she died. And in another case, after compound fracture, a patient, who seemed a healthy man, twice, after considerable evacuations of the bowels, had such collapse as seemed for a time to imperil his life. Guarding yourselves against these risks, I think you may look upon constipation as an inconvenience to the patient rather than any serious addition to his risks.

Among diseases of the digestive organs which occur in sufficient frequency to affect the risks of dying after operations, I suspect that none are of greater importance than those of the liver. Of course, one's experience of them cannot be sufficient to define the several degrees of risk connected with each disease. As a general rule, however, you should be cautious in operating upon those whose biliary secretions are habitually unhealthy; or those who have been often jaundiced; or those who bear that sallow, dusky complexion, with dry skin, and dilated small bloodvessels of the face, and sallow, bloodshot conjunctiva, which commonly tell of what is supposed to be an "inactive liver." Many of this last class are not temperate; many are sedentary and indolent; many suffer habitually from hæmorrhoids; probably, all have some abdominal plethora; probably, all their digestive organs act as ill as their skins do. But whatever we may guess to be the special defect of these organs, you need not doubt that operations upon those who have them are attended with more than the average risk, and that when you are obliged to operate you must do so with more than ordinary care and caution. And there are graver diseases of the liver than these, which you must look too; especially the enlargement of the liver, whether amyloid or fatty, which is not rarely coincident with chronic diseases of the bones in children and young persons. This is undoubtedly a frequent cause of death after resection and amputation, from which in healthy children the mortality is so small. In some, it merely seems to hinder recovery, and they die slowly exhausted; in some, I believe you will find it the chief reason for such defective healing as leads to secondary hemorrhage. The fear of consequences such as these may give you the rule never to operate for chronic diseases of bones or joints without including a specially careful examination of the liver; for although its diseases may be comparatively most frequent in young patients, they may be found at any age.

Diseases of the heart are, on the whole, much less serious hindrances to recovery from operations than you might suppose. Doubtless, patients with very weak fatty hearts are in some greater danger from chloroform than others are; but when it is cautiously given, even these may take it safely; and I have never heard or seen anything that would make me think the administration of chloroform specially dangerous in any such patients with diseased hearts as a reasonable man would think of operating on. I have known it administered to patients with considerable valvular disease without any appearance of danger; and certainly, in any such case, the risk of chloroform would be less than that of the pain and alarm attending any considerable operation performed without it.

The shock of an operation has a greater than its ordinary risk in one whose heart is feeble, or embarrassed by valvular obstruction; and those with feeble hearts will ill bear much loss of blood. But when these risks are past, patients with diseased hearts

have appeared to me not prone to any dangerous complication. And there is probably good reason for this—namely, that as soon as the shock of an operation is over, less than the natural force of heart is sufficient for all the purposes of life of a patient who lies quietly in his bed, or whose activity is reduced much below that which was customary with him. Do not let me seem to say that weak and diseased hearts are trivial matters in these or in any other cases. I would only have you believe that they are not such grave affairs as at first thought, or without experience of them, you might suppose. At any rate, I have never seen anything to make me suppose that defective circulation makes a man specially liable to pyæmia, or any other of the chief perils after operations.

While speaking of diseases of the heart, let me tell something of certain manners of its acting, even when we believe its structures to be healthy. People with slow pulses bear operations just as well as those who, in all other respects than that of their heart's action, are like them. And people with habitually rapid pulses are not bad patients, if the rapidity of the pulse be not associated with some organic disease. Especially, you will find a considerable number of children and young persons, chiefly sensitive girls, whose pulses are rapid enough to frighten you. Observe whether the respirations are in the same proportion rapid; if they are not, the respirations, and not the pulse, must be your guide in judging what is the patient's state. Many a time I have pointed out to you a pulse beating 120 or 140 times in a minute, and said that it meant no mischief, because the respirations were not more than 20 or 25.

And there is a set of cases in which you must always apply this rule of checking the indications of the pulse with those of the breathing—namely, cases of hemorrhage. After large bleedings, when the patient recovers from their immediate effects, the pulse is usually hastened, and the breathing is retarded; so that with a pulse of 120 or more there may be not more than 10 respirations in the minute.

Mere irregularity of the pulse, if it be habitual, and not connected with valvular disease or degeneration of the heart, does not, so far as I know, affect the chances of recovery from operations. If the structure of the heart, as well as its functions, be disordered, you must judge according to such rules as I have just stated.

The influence of diseases, or rather of degeneracies, of arteries is not easy to measure, for the cases are comparatively few in which one would have to operate on patients whose arteries are degenerate, and in whom other important structures are sound. In the large majority of cases, degeneracy of arteries coincides with that of many other organs, and to this, rather than to the state of the arteries, the greater risks must be ascribed. In the large number of old persons in whom one has to operate for hernia, or for cancerous growths about the face and skin, one sees no reason to suppose that arterial degeneration in itself is a very grave matter; nor, again, in lithotomy. But the case is very different with amputation, especially of the lower extremity. Here one can have no doubt that degeneracy of the arteries in the limb brings great peril with it. Primary hemorrhage is rendered more difficult to control, and recurrent and secondary hemorrhage are more frequent, and all the worse because the patients are those in whom all losses of blood are dangerous. Moreover, if these risks are survived, the feeble nutrition of the wounded parts gives opportunity for spreading suppurations; and all the healing processes are slow; and hereby all the perils of the case are prolonged. And when you think of slow healing of any amputated limb, remember that amongst all the textures of the limb few are less favourably constructed for healing than are the tissues of the arteries. Their healing after wounds is, as you know, difficult, and often interrupted, even in the healthiest persons. Much more likely is it to be so in those whose textures are degenerate: indeed, if you look at a thoroughly degenerate artery, you must wonder that healing should ever take place. Out of this hardness of healing comes a great part of the reasons why amputations of the lower extremities are so fatal—so nearly hopeless—when performed for injuries in very old people. I speak here only of cases in which there is general degeneration of arteries. Special dangers are connected with the disease of a single artery requiring ligature, as for aneurism; but into this, which is of itself a very large subject, I cannot now enter.

Diseases of the veins are so generally local that they have little bearing on any question as to the general risks of opera-

tions. I believe that it adds not a little to the risk of an amputation if you have to cut through varicose veins; but whether the diffuse phlebitis which one has to fear is more often connected with previously diseased veins than with previously healthy ones, I cannot tell.

Diseases of the respiratory organs bear with very unequal and uncertain force on the risks of operations. Of course one can speak only of the influence of the more common and chronic diseases; for no one would think of operating during any acute disease.

Chronic bronchitis, or that which has more often to be considered, a great tendency to bronchitis, is a grave complication; not because it originates serious mischief, but because, if such mischief come from other sources, the bronchial difficulty adds very largely to the danger. I have never seen reason to believe that bronchitis renders patients more liable to erysipelas, pyæmia, or any such disease of the blood; but if these happen, or indeed if any complication comes on after an operation, the imperfect respiration, the restlessness, the loss of sleep, and all the other troubles of bronchitis, diminish, by many degrees, the chances of recovery. And so, too, bronchitis must be feared, especially, in old people, whose convalescence is not quite complete, and still more in those among them who have had erysipelas about the head and face. All these things must make you reckon that a patient habitually subject to bronchitis, and, therefore, I suppose I may say also, a patient with emphysematous lungs, is one in whom all operations are extremely hazardous, and all the more so because few elderly people who have emphysematous lungs are quite sound in their other internal organs. The guards which you must set in any such case in which you have operated are evident. Especially you must look to the air; for these are the cases, more than any others, in which you must try to accomplish the difficulty of providing air which is at the same time pure and warm.

But the great interest of the diseases of the respiratory organs, in their relation to operative surgery, is in the question as to what may be done with a patient who has both phthisis and some local disease that can be surgically removed, or in any way cured, by an operation.

It has often been suspected that the removal or cure of some local disease of a phthisical person may badly influence the disease of the lungs. I know no sufficient evidence for such a suspicion, if it be meant that phthisis is made worse by the mere fact of the cure of any other disease; as if the diseased part were something like an excretory organ, the removal of which would throw an increased labour of excretion on the lungs or some other part. But, certainly, the fever and other accidents that may follow an operation may do special harm to a tuberculous patient. You saw, not long ago, an illustration of this. A man was under my care with a large chronic abscess in his axilla—a strumous abscess it might be called. It was emptied; and after refilling and a second emptying, the sac was injected with diluted tincture of iodine. This caused, as we intended, inflammation of the sac; but with this there came general feverish disturbance, and with this, as it seemed, the man was found one day suddenly almost deprived of the power of speech, and then other cerebral symptoms followed, and after a few days he died insensible. His death was due to inflammation of part of his cerebral membranes, where tubercular deposits were found. These had been quiet so long as his general system was calm, but with the excitement of fever they became fatally active.

The fear of such a calamity as this should dissuade you from all operations of mere convenience, and from all measures of what may be called decorative surgery, in phthisical people; but it should not equally dissuade you from operations that will cure diseases from which they suffer much, and by which their lives are wasted, as they are by fistula and diseases of bones and joints.

In these and the like cases, the main question is, whether the local disease—say, a diseased joint—is weighing on the patient so heavily, or aggravating his phthisis and shortening his life so much, as to justify an operation attended with more than the average risk of life and health. Of course, the weight of each local disease must be separately judged; but in reference to the risks of operations, cases of phthisis must be divided into two classes, which, by comparison, may be called acute and chronic, or progressive and suspended, phthisis.

In all cases of acute or progressive phthisis great risk is incurred by almost every ope-

ration. The risks of the excitement of many days of feverish disturbance, and of loss of food, and of pain, and all such consequences of operations, are much above the average; to say nothing of the special chances of exciting some pneumonia. I cannot doubt that I have seen patients whose acute phthisis has become more acute, and others in whom the early stages of phthisis were accelerated, by the consequences of operations. Therefore I should follow the rule of never performing any considerable operation, if I could help it, on any person whose phthisis is in quick progress. Small things may be done on them for the relief of great distress or pain; but larger things had better be left undone, even if they should never be done at all.

The case is very different with chronic and suspended phthisis. In these it is often advisable to incur the somewhat increased risk of even a large operation in order to free the patient from the distress and wasting of a considerable local disease, such as that of a joint; and I should be disposed to say that it is always advisable to cure, if you can, a small disease such as fistula. I say if you can, for you will often be disappointed. In the tuberculous, as in the strumous, your wounds will remain for weeks unhealed, and, perhaps, be unsoundly healed at last. Still, as to the mere question of operating, I have seen so many advantages accrue to patients with chronic phthisis from the removal of limbs with joint-disease that I am disposed to speak strongly as to the general propriety of whatever operations they may reasonably require. For instance, I still sometimes see a man about the hospital from whom I remember that, at least fourteen years ago, Mr. Stanley removed the left lower limb above the knee for disease of the knee-joint. He was the subject of chronic phthisis at the time of the operation; and the question was carefully discussed whether amputation should be performed on him. It was decided on; and though he has been phthisical ever since, and always very poor, yet he is still well enough to pursue some quiet occupation. And we can hardly think he would have been doing so at this time if he had had to bear at once the burdens of both tubercular lungs and a painful knee-joint.

Risk common to the progressive phthisis and the suspended alike is that by long-continued confinement to one atmosphere, such as must happen after the excision of a joint, you may put the patient into that state of quiet gradual impairment of his health which is so terribly favourable to the progress of tubercular disease. Among all these risks you must make the best choice you can. And there is one point in relation to them about which it will be well to speak. Patients with long-standing strumous disease often look phthisical whether they have tubercular disease or not. And occasionally you will find one with cough and rapid breathing, and many other symptoms so like those of phthisis, that nothing but the most exact stethoscopic examination can persuade you that the lungs are in their structures sound; yet all these symptoms may be removed by the removal of the diseased part. Some years ago I had a young lady for a patient with strumous disease of the knee-joint of six or seven years' duration; and for many weeks she had had irritable cough at night, quick pulse and rapid breathing, and all the signs which on a superficial examination might have led to the belief that she had phthisis. Yet no tubercular disease of the lungs could be detected, and I removed her limb above the knee. Up to the night before the operation she had been restless with coughing. After the operation it was doubtful whether she ever coughed again.—*Lancet*, Aug. 10, 1867.

HOSPITAL NOTES AND GLEANINGS.

Treatment of Whitlow in the London Hospitals. Middlesex Hospital.—Amongst the out-patients of this hospital Mr. Lawson has remarked that the frequency of whitlow varies considerably. At one period of the year the disease may be of frequent occurrence, whilst at another it may be comparatively rare. In speaking of whitlow, it is the deep or severe form to which he refers: the treatment of a superficial whitlow is self-evident. The causes which produce whitlow may be local or constitutional; but the majority of cases are due to the latter. A slight injury, such as a scratch or a prick with a rusty nail, may have been the immediate excitant; but had the health of the patient been good at the time of the accident, the probability is that no severe after-effects would have followed. At certain times when boils are prevalent, and the tendency of disease is to assume a low type, whitlows are common in the out-patient

rooms of the hospitals. They should always be regarded as evidences of low power, and in considering the treatment of them this fact should be borne in mind.

When a whitlow threatens, the patient should, if possible, strike work; and a purgative should be given to clear the bowels of all irritating matter, as a preliminary to the tonic treatment which is to follow. The mineral acids with bark nearly always do good; or their use may be preceded by diffusible stimulants, such as ammonia and chloric ether. Depressants are uncalled for, and will probably do harm. Warmth should be applied to the finger by linseed-meal poultices, changed two or three times a day; and, with each change of the poultice, the part should be soaked for at least a quarter of an hour in hot water. The warmth is grateful to the patient, and generally does good.

The most important points, however, in the treatment of whitlow are: 1st, to ascertain when pus has been formed; and, 2dly, to give vent to it by a free incision.

The sense of fluctuation, which is usually one of the prominent symptoms of the presence of pus, cannot be appreciated when the matter is in the extremity of the finger or thumb. The natural elasticity of the part is so deceptive that it may be easily mistaken for fluctuation. The only reliable guides for determining the existence of pus in cases of whitlow are tension and pain. The cushion of the finger or thumb becomes hot and swollen, more or less tense, and exquisitely painful. The slightest touch aggravates the pain, which is of a throbbing character, and so severe as to destroy sleep. Such symptoms are diagnostic of pus, and a free opening should be at once made to give vent to it. The incision should be in the mesial line of the palmar surface of the finger or thumb, and of a sufficient length and depth to give a free escape to the pus. A warm linseed-meal poultice should be then applied, and the fomentations with hot water repeated from time to time.

Much might be said about the neglected whitlows which are often met with amongst the out-patients. The suppuration has been allowed to go on undisturbed; and no exit for the pus having been made, it either works its way to the surface by progressive ulceration, or it burrows beneath the palmar surface of the finger and thumb, in some instances extending into the palm of the hand. Even when the pus makes its way to the surface, there is always considerable destruction of the overlying tissues, and very frequently necrosis of the last phalanx. In treating such cases it is advisable to save the nail, and as much as possible of the end of the finger or thumb. By waiting patiently, the necrosed bone will become loosened from its attachments, and it may generally in the end be lifted away with a pair of forceps, and a very useful finger will be the result. Amputation should not be performed simply because the last phalanx is necrosed. It can always be resorted to after the other plan of treatment has been tried and failed. There are, however, cases of neglected whitlow in which amputation of the finger or thumb is the only treatment which can be rightly pursued; but these must be regarded as rather exceptional.

Westminster Hospital.—Mr. Power holds that there is no sufficient evidence of there being but two distinct forms of whitlow—the superficial and the deep-seated (onychia maligna); but that there are many degrees of inflammation, the severity depending essentially on the state of the patient's general health, and partly also on the cause and on the condition of the part itself. The disease commonly appears as a consequence of some slight injury, as a punctured wound; or results from disordered bowels, insufficient or unwholesome diet, night watching, or other depressing condition. If the patient be otherwise healthy, and the skin, as in young persons, be thin and delicate, the affection, which is to be regarded merely as a boil, requires but little treatment. The bowels should be opened with a dose of compound jalap powder, a black draught, or castor oil. The hand and arm should be kept raised in a sling, and the finger, and even the hand, enveloped in a poultice of linseed-meal, with a view of softening the skin, of allowing swelling to take place more readily, and of facilitating the bursting of the little abscess. When this has occurred, the symptoms immediately remit, and quick recovery follows. Incisions are not needed in such cases; on the contrary, they do harm. If made, a drop of bloody pus exudes, and a reddish, vascular, fungous growth springs up, the pain recommences, and what would otherwise have been superficial and slight becomes deep-seated and severe.

When the formation of matter occurs un-

der the nail or beneath the horny skin of the finger of the artisan, a different line of treatment must be adopted. Here the pain is very severe; and the matter, when formed, must creep and burrow beneath the skin or nail, and may easily, by the pressure it exerts, cause the ungual phalanx to die. General treatment is of little service; but the skin should be softened by the application of a poultice for a few hours, and a free incision be made. Water-dressing may then be applied; and if any recurrence of the inflammatory symptoms is observed, the whole of the finger should be well rubbed over with the solid nitrate of silver.

Finally, in very unhealthy subjects, when the disease has lasted for some time; when the subcutaneous connective tissue is infiltrated with matter, the skin raised in vesications, the finger, hand, and arm swollen, with red lines extending up the forearm, indicating the position of the lymphatics, and the gland at the elbow or those of the axilla swollen and painful, the use of the knife is indispensable, and the incision should be free and deep. If the bone is felt bare and necrosed, the whole phalanx should be removed at once; if not, it may be left, though it will generally necrose subsequently, when the inflammation has been so severe. The sheaths of the tendons should not be opened too far. They may recover their functions.

As regards general treatment, opium and sedatives are of little service. Common sense will dictate whether abstinence should be enjoined, or wine, full diet, and tonics administered. Persistent fistulous orifices indicate the existence of a portion of dead bone, which must be cut down upon and removed with forceps, or, if necessary, with cutting pliers.

St. Bartholomew's Hospital.—At this hospital a large number of ill-nourished young women, mostly sempstresses or engaged in domestic service, apply for relief, suffering from the cutaneous or subcutaneous forms of whitlow. These varieties of the disease, where the inflammation begins in the neighbourhood of the nail, and limits itself to the last joint of the finger, Mr. T. Smith treats by the administration of tonics, and locally by poultices or water-dressing, leaving the patient to decide whether the pus shall find its own way to the surface, or an earlier relief from pain shall be procured by incision. He believes that in any case where the matter is near enough to the surface to be seen through the skin, no other harm than some additional pain is caused by allowing the abscess to open spontaneously. He is in the habit, however, of opening early by incision the deeply-seated subcutaneous whitlows that occur over the last phalanx, in order to diminish the risk of necrosis. Should necrosis occur, the bone, when thoroughly separate from the soft parts, is drawn out through some already existing sinus, or through an incision made just beneath and parallel to the free edge of the nail. Tendinous whitlow occurring on the first or second phalanges, Mr. Smith treats locally by early and free median incisions on one or both aspects of the finger. In any form of whitlow, when once there is a free exit for the pus, Mr. Smith recommends at the first the temporary and then the permanent discontinuance of the poultice, as tending in this stage to prolong and increase suppuration.—*Lancet*, August 31, 1867.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Medical Society of West Virginia.—This Society held its first semi-annual session in Wheeling, on the 2d and 3d of October. Dr. Frissel President, and Dr. J. C. Reeves Secretary.

Dr. I. C. Hupp, of Wheeling, Chairman of the Committee of Arrangements, made an address, in which he offered a hearty welcome to the members on behalf of the profession and citizens of Wheeling.

The President, Dr. John Frissel, delivered an elaborate address, which was received with great favour.

The Mayor of the City and Governor of the State honoured the Society with their presence, and in brief addresses expressed their sympathy with the objects of the Society.

Papers were read by Dr. Nicklin on Fracture of the Thigh Bone; by Dr. Blum on Sanitary Science; by Dr. Bates on Diphtheria; by Dr. Lazzell on the Use of Stimulants in Disease.

Dr. Bingle exhibited a Fœtus of three months, having two heads, three arms, two legs, and one cord.

After transacting a considerable amount of other business, mostly of local interest,

the Society adjourned. The next meeting is to be held at Grafton.

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Yellow Fever.—This disease appears to be abating at most of our Southern ports. At New Orleans the deaths per day have diminished from 82 on the 23d Sept., to 31 Oct. 20th.

The following table exhibits the weekly mortality during the first twelve weeks of this epidemic:—

Week ending July 13	3
Week ending July 20	2
Week ending July 27	5
Week ending August 3	9
Week ending August 10	14
Week ending August 17	12
Week ending August 24	69
Week ending August 31	126
Week ending September 7	212
Week ending September 14	354
Week ending September 21	398
Week ending September 28	492

The papers state that the disease has prevailed among all classes and all nationalities. It does not seek out for its victims those only who have resided in the city but a short period. Those who have escaped other epidemics in New Orleans have lost their lives by the present one.

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International Medical Congress at Paris.—It is stated in a recent No. of the *Revue de Thérapeutique Médico-Chirurgicale* (Oct. 1, 1867), "that the whole medical press is unanimous in saying that this congress has not realized the expectations which were formed of it." This statement seems to be well founded.

The subjects to be discussed were fixed on beforehand, and no departure from the programme was allowed. Some very valuable papers on the subjects selected for the attention of the congress, it is true, were read, but the restraint put upon debate and the avowal that no new subject for discussion could be entertained without the special permission of the government, proved an unpleasant damper on many who desired and had expected to introduce disputed subjects for examination. Farther, no arrangements were made for entertaining the members, for making them acquainted with one another, or for promoting social intercourse. It is little to be wondered at then that many who had travelled enormous distances with the view of making the personal acquaintance of distinguished men, and of comparing opinions with them, came away sorely disappointed. Many of the most eminent of the Parisian physicians moreover did not appear at the meetings. To listen, seated on most uncomfortable seats, to the reading of formal essays which, when in print, could be perused with more advantage in one's library, seemed to be a poor compensation to those who had left the comforts of home, abandoned their professional pursuits, and travelled from the antipodes to be present at what was expected would be a most august and enlightened assembly—a congress of the great men of the profession from all parts of the world.

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Iowa Medical Journal.—This journal, on the completion of its fourth volume, in 1858, was suspended. Its Editor, Dr. J. C. Hughes, has just resumed its publication by the issue of No. 1, vol. V., and he proposes to continue its publication should he receive sufficient encouragement. It is intended to be a bi-monthly of 32 pages.

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New Works.—Mr. H. C. Lea has in press "An Atlas of Venereal Diseases, by A. Cullerier, Surgeon to the Hôpital du Midi, translated, with Notes and Additions, by Freeman J. Bumstead, M. D., Professor of Venereal Diseases in the College of Physicians and Surgeons, New York." It will be issued in five parts, and, when completed, will form an elegant volume in large imperial quarto, illustrated with coloured plates. We have seen several of these last, and feel sure that they will be pronounced unequalled by any coloured illustrations of a medical work heretofore executed in this country. Dr. Philip S. Wales' new work on Minor Surgery, Orthopraxy and Mechanical Therapeutics is nearly ready for publication. It is copiously illustrated and handsomely printed. Dr. T. Gaillard Thomas's Complete Treatise on the Diseases of Females is in the printer's hands. It has numerous illustrations.

It is stated that Prof. Chas. A. Lee, of Peekskill, New York, is preparing a work on Practical Therapeutics, and Prof. Geo. T. Elliot, of New York, one on Clinical Obstetrics.

Medical Examinations.—Drs. Hickman, Tyson & Wood, will continue their examinations, on the branches taught at the University of Pennsylvania, during the session 1867-68, at their rooms, No. 17 South Ninth Street, opposite the University (2d Floor). These rooms, suitably supplied with Text Books, Diagrams, Manikins, Materia Medica Cabinet, &c., are at all times open to students.

The examinations will be conducted as heretofore, on Anatomy and Surgery, by Dr. Hickman, Physiology and Obstetrics, by Dr. Tyson, Practice of Medicine, Materia Medica and Chemistry, Dr. Wood.

Dr. Wood will deliver a course of Recapitulatory Lectures on Practical Medicine, and the members of their class will have the opportunity, under the direction of Dr. Tyson, of examining the large number of patients attending the Medical Clinic and Dispensary service of the University.

Office students are also received, to whom the usual didactic advantages are given during the summer months, as well as facilities for obtaining clinical and practical obstetrical knowledge.

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Obituary Record.—It is with regret that we record the death in Paris on the 8th of Sept. last, of Robert Watts, M.D., who has long and ably filled the chair of anatomy in the College of Physicians and Surgeons of New York.

FOREIGN INTELLIGENCE.

Death from Chloroform.—A death from chloroform occurred last week in the Southern Hospital, Liverpool. The patient was a boy, fifteen years of age, who was placed under chloroform for the purpose of undergoing an operation on the knee-joint. Everything went on favourably until the operation was completed, when the pulse of the patient suddenly ceased to beat. Artificial respiration was maintained for about an hour, and every effort used to restore the boy, but without avail. The medical evidence went to show that all possible care was taken in the administration of the chloroform, and the jury returned a verdict to the effect that the lad died from misadventure from the administration of chloroform during an operation.—*Lancet*, Sept. 21, 1867.

Formation of Pus by Inflammatory Action.—In a remarkable discourse, most eloquently delivered before the Berlin Medical Society, Dr. Cohnheim detailed the results of his observations on the formation of pus as a product of inflammatory action. These results are of sufficient significance to mark a new era in the history of pathological science.

The generally accepted theory of Pyogenesis, which refers the origin of pus-corpuscles to the proliferation of cells or germinal matter in connective tissue, has received its death-blow.

The morphological resemblance of pus-corpuscles to white blood-cells has long been universally acknowledged. The modern discovery of the contractile properties with which they are both endowed, has tended still further to strengthen the belief in their very intimate relationship. Dr. Cohnheim has now demonstrated their *identity* by proving that *pus-corpuscles are actually white cells which have emigrated from the blood-stream.*

He commenced his studies in the cornea, the classical ground for the study of inflammation. Availing himself of the well-known properties of white blood-cells to grasp and fix finely divided substances in their contractile stroma, he has been enabled to track these bodies, coloured by aniline-blue injected into the blood, to the seat of inflammation, artificially excited in the cornea, and to recognize them as the cellular elements infiltrating the inflamed part. He has, moreover, succeeded, in a second series of observations, for which, for obvious reasons, a transparent vascularized tissue was selected, in actually observing step by step the emigration of the white corpuscles through the walls of the veins and capillaries of the inflamed mesentery into the surrounding tissues, and the pseudo-membranous fibrin effused on its surface.

The connection between these extraordinary facts and the well-known observations of Recklinhausen (Virchow's *Archiv*, 1863, vol. xxviii. pp. 157-197), on the presence of wandering contractile corpuscles in the plasmatic channels of the cornea, mesentery, and connective-tissue of other parts, will at once be evident.

Recklinghausen ventured upon no definite statement as to the origin of these bodies. He alluded to the probability of their being formed from the first connective-

tissue corpuscles; but found it impossible to adduce any observation calculated to give support to this supposition. He had recognized their morphological identity with pus-cells, lymph, and white blood-corpuscles. He was acquainted with the increase and accumulation of these wandering elements, as "the essential change in the slighter degrees of inflammation;" but the chain of observations necessary to assign to them their true position and origin had to be completed by Dr. Cohnheim's elaborate investigations.

It is interesting to remark, for the purpose of illustrating the stages of continuity in scientific discovery that Recklinghausen had also demonstrated the possibility of contractile cells penetrating the corneal tissue from without by a very ingenious experiment. He inserted pieces of cornea and finely powdered vermilion into the lymph-sacs of living frogs, and found them on removal after a certain time infiltrated with wandering lymph-corpuscles laden with granules of vermilion.—*Brit. Med. Journ.*, June 22, 1867.

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Power of Absorption of Wounds and Abscesses.—M. DEMARQUAY has submitted to the Academy of Medicine of Paris a series of experiments on this subject. He placed upon wounds and into accidental cavities aqueous solutions of iodide of potassium of the strength of 10 per cent. After from six to thirty minutes iodine was detected in the urine, and especially in the saliva. The author considers that ulcers and abscesses absorb also noxious gases both from the atmosphere and those formed by the decomposition of blood and pus. He, therefore, advocates the protection of wounds and abscesses from the surrounding air, dressing them with glycerine, alcohol, or disinfectants; and surrounding patients with as pure an atmosphere as possible.—*Lancet*, Sept. 21, 1867.

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Fractured Clavicle in an Aged Person without Visible Sign.—M. A. GUÉRIN related to the Paris Society of Surgery the case of a man, aged 60, who complained of pain in the middle of the clavicle, which was, however, not severe enough to prevent the movements of the arm. There was no deformity or ecchymosis whatever; but on moving the arm with the hand placed on the clavicle, a slight crepitation could be felt. The patient in a few days died of pneumonia. At the autopsy an oblique fracture was found, the periosteum and all the soft parts remaining intact. Nor could the fragments be moved by almost violent direct pressure, but only by raising the ends of the bone. M. Marjolin observed that when the diagnosis of these cases is difficult the mode recommended by Robert may be tried. The patient is desired to raise himself upon his two wrists, and, while he tries to do this, the hand applied over the clavicle, easily perceives the crepitation.—*Med. Times and Gaz.*, Aug. 17, 1867.

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Inhalation of Iodine in Diphtheria.—Mr. J. WARING CURRAN states (*Lancet*, Sept. 21st, 1867) that he has found inhalations of iodine, combined with sage and hot vinegar, very efficacious in diphtheria.

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Post-partum Hemorrhage; Successful Use of Ether-Spray.—Mr. J. BROADBENT relates (*Brit. Med. Journ.*, June 8, 1867) the case of a woman in labour with her twelfth child. The os uteri only slightly dilated, and the pains weak. "The breech presented, and the child was born the following morning, without anything unusual occurring. The placenta was adherent, and required the introduction of the hand for its removal. Profuse hemorrhage followed; and, though the usual remedies, including ergot, cold napkins to the vulva, etc., and introduction of the hand into the uterus, were employed, the bleeding continued, and the woman became almost pulseless, and was evidently sinking fast. The hand in the uterus moved about as if in a wet bladder, little or no contraction being excited by it. My friend Mr. Harrison saw the case with me, and I proposed to him to apply the ether-spray to the hypogastric region. This I did, using the double jet; and very soon the uterus began to contract, and the hemorrhage ceased. There was no relaxation of the uterus after; and the woman ultimately made a good recovery, though very anæmic for some time after. The hemorrhage was evidently due to uterine inertia; and the effect of the ether-spray in producing contraction of the organ was very marked after the failure of the remedies used before it."

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Animal Vaccination.—M. GUÉRIN, in opening the discussion on M. Depaul's re-

port to the Academy of Medicine on the results obtained from "animal vaccination," protested against the exclusive attention which has been paid to this new mode in Paris during the last two years, instead of a faithful comparison having been instituted between it and the old mode. To this latter it has been objected that the virus obtained by "human vaccination" has degenerated in power, and that it has often been contaminated by syphilitic poison; and before rejecting a procedure so long successful it is requisite to inquire into the reality of these objections against it. It is indeed a fact now generally admitted that vaccination has lost some of its preservative power, and M. Bousquet himself, who so long denied this statement, now admits it. But two questions call here for examination—Is such degeneration general and absolute, observable in all countries and regions? and may not a greater virulence of the variolous epidemics have something to do with the relative insufficiency of vaccination. These points want examining, for many practitioners totally deny the diminution of the efficacy of vaccination in their localities, and there is reason, both from experience and analogy, to suppose that the intensity of the variola may vary much in different epidemics. There is a necessity also of making a more careful selection of the virus to operate with, for a defective virus is often employed, and unsatisfactory results follow, especially when such defective virus is propagated from child to child in succession. The selection, propagation, and maintenance of the finest virus—a true "vaccine culture"—ought to be the object of those having authority in the matter. As to "vaccinal syphilis," M. Guérin believes that in very rare instances it may exist; but many of the naratives which have been published of late are wholly destitute of proof, and the liability of such transmission has doubtless been grossly exaggerated. In numerous instances in which the vaccine virus has been taken from subjects exhibiting symptoms of syphilis, no transmission of the disease has occurred.

There is no case made out for a radical reform in the practice of vaccination, and this "animal vaccination," introduced by a young physician from Naples, has been received far too readily as an improvement; for in point of fact it is a mere assertion that it protects from variola as well as the ordinary vaccination. While the virus employed in the latter originated in spontaneous cow-pock, and that used in animal vaccination is derived from an artificial cow-pock; and all must admit that a spontaneous agent is of more powerful action than an artificial one. The vaccine virus, also, transmitted through successive generations, may acquire peculiar and important properties, while the animal vaccination is a much more special and limited affair, the heifer being resorted to afresh in each case. Even comparing the appearances produced by the two viruses, as stated in the report, it is found that those produced by human vaccination are more regular, and more durable, and more energetic. In fact as far as we are acquainted with the results of the employment of this virus, M. Guérin regards it as illusory and a mere Utopia. He quotes the adverse opinions of many hospital and private practitioners who have found it decidedly less efficacious in vaccinating and revaccinating, to say nothing of its preservative effects, which time alone can demonstrate.—*Medical Times and Gazette*, Aug. 31, 1867.

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Dietetic Salt.—This salt has been prepared at the suggestion of Dr. Lankester, and is recommended as supplying certain compounds which are necessary to the health of the human body, as well as common salt. The basis of the preparation is common salt, to which is added, in small quantities, phosphoric acid, sulphuric acid, lime, potassium, and iron. It is believed that this combination will supply those constituents of the blood which are often found deficient in ordinary food, as it is supplied from day to day. The practice of taking common salt is undoubtedly beneficial; and the addition of other saline matters, which are known to be necessary to the nutrition of the tissues, is certainly founded on rational principles. A dietetical preparation recommended on so good an authority, and prepared upon a principle so scientifically sound, is certainly worth a trial. It seems to be especially applicable in cases of children deficiently nourished, in scrofula, tuberculosis, and all that group of cases where the blood is more or less imperfectly furnished with the saline constituents necessary for the nutrition of the tissues. The addition of a small quantity of iron would recommend it in a large number of cases

where this remedy is found to be beneficial as a medicinal agent, and its daily use might thus prevent those serious ailments attended with a deficiency of iron in the blood.—*Brit. Med. Journ.*, June 29, 1867.

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Correlation of the Mental Force.—In a lecture at the Royal Institution, Professor BAIN attempted to show the possibility of bringing mental force into correlation with the physical forces. Commencing with a brief exposition of the theory of correlation, he at once admitted vital force as a member of the group, which he proceeded to classify into molar or mechanical force, molecular force (heat, light, electricity, magnetism, and chemical affinity), vital force, of which nerve force may be taken as the type.

The laws which govern the correlation of the first two groups are easily reducible to exact numerical representation. Thus the mechanical equivalent of heat may be expressed in so many foot pounds, and from a knowledge of this law we may say that the complete combustion of one pound of carbon would produce sufficient force to raise an ordinary man to the highest peak of the Andes. Passing, then, to the lower forms of vital force, we find that as much heat is absorbed during the growth of plants, during the deposit of carbon in their tissues, as is evolved on combustion of the same; whilst, during the life of animals, the mechanical and nervous energy displayed is derived from the combustion of the food, which is, primarily at least, of a vegetable nature; and there can be no doubt, that if we could exactly measure the products of this combustion, we should be able to represent the amount of force produced by a mechanical equivalent. Mental force is to be considered as the noblest representative of nerve force in its highest development, and it is therefore subject to the same laws. * * *

The chief organ through which mind acts on body is the brain, consisting as it does of an infinitely complex web of nerve-fibres, and subject to the ordinary laws of development, nutrition, and degeneration; action is accompanied by waste, waste necessitates renewal; and so, within certain limits, by increasing the amount of the richness of the nutriment supplied, we are able to increase the nervous power; whilst if an undue proportion of nourishment has been required to replace the waste produced by mental exertion, we find the general *physique* below par. If, then, mental phenomena be proportional to physical supports, a numerical relation must exist between the intensity of a sensation and the nervous waste produced thereby; in other words, a sensational equivalent may be obtained. Physicists and physiologists have hitherto declined to assign even an approximate value to this equivalent; they object to the uncertainty attending the rise and fall of mental activity, and to the want of a standard by which mental force may be measured. The problem is doubtless a difficult one, but probably not an impossible one; considering the attendant physiological waste as the index of the intensity of the activity, it only remains necessary to classify and define mental phenomena with sufficient care to enable them to be recognized and ticketed with their exact value.

Although severe intellectual labour is incompatible with bodily exertion, and although we find, as a rule, that men of a highly developed *physique* rarely display the highest mental qualities, yet much may be done by a careful and judicious expenditure of the available force, and by the employment of means to attain any required end with as little loss as possible. Here it is that the educated man has the advantage over the uneducated even in the performance of those labours or sports which might be considered the undoubted province of the latter. In all cases, however, in which mental and bodily exertion take place simultaneously, the total waste of the system will be proportionately high, and an increase in the quantity or quality of the nourishment supplied must be forthcoming to prevent the individual from suffering degeneration.

The correlation of the mental with the physical forces is then so far proved, that the production of mental phenomena is accompanied by a loss of force in the animal economy, and that this loss must be replaced by a further supply of force obtained in the form of food capable of assimilation and of subsequent oxidation.—*Med. Times and Gaz.*

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Short-Sightedness.—A curious work has been published at Breslau by Dr. HERMANN KOHN, in which he gives the result of the examination of the eyes of 10,860 school

children. Of these 17.1 per cent. were short-sighted. This he attributed to the faulty construction of the desks and forms which required the children to read with the books close to their eyes.— *Lancet*, Sept. 21.

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Births in Vienna.—According to a report from Vienna, during last year there were 12,943 legitimate and 13,802 illegitimate births in that city.

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The Value of Scientific Congresses.—In the course of Professor Sharpey's address to the section of Biology at the British Association, he made a few remarks upon the influence of sectional meetings, which apply with equal force to those of our own Association, and could hardly be more happily expressed:—

"Much of the good effected by the sectional meetings can never be recorded. I remember being present at an assembly of the German Association of Naturalists at Berlin in 1828, and hearing Oken, one of the most distinguished members and original founders of that institution, declare that the great purpose of the Association was not to listen to long and elaborate communications, but rather to bring men of kindred pursuits, from different parts, into friendly relation with each other; to afford them the opportunity of freely exchanging information, exhibiting new and interesting specimens and experiments, offering mutual suggestions, and establishing useful correspondence. All, I feel sure, will admit that this promotion of friendly intercourse among men engaged in the pursuit of science and those interested in its advancement, is — and let us hope it will long continue to be—one of the great benefits conferred by the British Association."— *Brit. Med. Journ.*

[We recommend the above remarks to the consideration of those of the members of the American Medical Association who have been endeavouring to prohibit the social enjoyments of the meetings and restrict the proceedings to mere matters of business. We strongly suspect that under such restrictions the meetings will be much less numerously attended.]

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Anatomical Models and Preparations.—Amongst the most remarkable objects exhibited at the French Exposition Universelle, in the anatomical galleries, are the plastic models of Auzoux, and the preparations of Dr. Brunetti, of Padua. M. Auzoux models in a material which, he says, has nothing in common with papier maché, wax, or plaster, a complete typical series of the animal kingdom, from man to the zoophyte. In the vegetable kingdom, he shows a collection consisting already of one hundred types, showing the constituent parts of flowers, fruit, grain, leaves, and stalk, in the most careful detail, and even in the mosses and the fungi. These models are not only of the object *en masse* but of its parts. The whole of the anatomy of animals and plants, the comparative anatomy of the nervous system, the comparative embryology, are here all fully and admirably illustrated. They are the most complete and the most accurate, and the most extensive series of anatomical works ever attempted. One hundred workmen are constantly employed; they are carefully instructed, and their knowledge of anatomy and physiology would shame many a good anatomist. The workshops of M. Auzoux are the chief support of a flourishing village, St. Aubin d'Ecroville.

M. Brunetti, of Rovigo, professor of the University of Padua, surpasses even M. Auzoux. His preparations are not imitations, but literally arrested life. His means of preparation are still a secret; but he shows the head of a young woman who committed suicide in 1861 — the features unaltered, and the texture still natural; a hand prepared in 1865, in which the articulations move with incredible facility; the arm and forearm, with the movements of pronation and supination fully preserved. M. Brunetti anticipates presently completing his process, so that he may be enabled to preserve the entire body in one piece.— *Brit. Med. Journ.*, June 22, 1867.

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Prof. Nélaton.—This distinguished surgeon has resigned his professorship of Clinical Surgery in the Medical Faculty of Paris.—*Rev. de Thérap. Med. Chir.*, Oct. 1, 1867.

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Dangers of the Streets.—The authorities of Paris are said to have under consideration a project for throwing foot-bridges over the most crowded thoroughfares of that city, in consequence of the great risk attending a passage across the streams of

vehicles, of which a great number are in the charge of careless or incompetent drivers. The *Figaro* says that every day from eight to fifteen persons are knocked down or run over by vehicles in Paris; what proportion of these are killed is not stated. In London "the dangers of the streets" are patent to everybody, and the loss of life by accidents from vehicles amounts in a year to a very startling total. Looking through the Registrar-General's Weekly Returns, we find that since last February *one hundred and eleven deaths* have been registered as caused by horses or carriages in the streets, giving for the last thirty weeks an average of nearly four deaths per week. In one week ten deaths were recorded, and of these six were of persons over fifty-five years of age, and two were of children under ten years of age. The numbers receiving anything short of fatal injury are not recorded. To childhood and feeble age the passage of our overcrowded streets is full of peril, and it is not creditable to the humanity of the public spirit of the metropolitan authorities that suggestions which have often been made for erecting light foot-bridges at the most difficult crossings have not been adopted long ago.—*Lancet*, Sept. 21, 1867.

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Burnt by Clothes becoming Ignited.—On the 6th of June, the Archduchess Matilda, the affianced bride of the Crown Prince of Italy, died of the injuries she had received from the accidental ignition of her summer clothing. She was looking out of one of the windows of the imperial palace at Schönbrünn, and on changing her posture trod on a lucifer match that had been negligently dropped on the floor. In an instant her clothes were in a blaze. Assistance came, as usual, too late; and after a short interval of extreme suffering she expired. Surely this awful and most disastrous event will be the last warning which an improvident and reckless public will require to protect itself against the risks attending inflammable clothing.—*Lancet*, June 15, 1867.

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Cruelty to Calves.—A Liverpool physician—we believe Dr. Skinner—and another correspondent of the *Liverpool Daily Post*, call attention to the horrible cruelties invoked into prevalent practice in "whitening" veal for the market. The miserable calf is bled to fainting by a stab in the jugular vein; the wound is stuffed with tow; a little gruel is administered to restore the action of the heart, and presently the wound is reopened; "if the blood does not flow readily, the tail is twisted hard up, and the animal tortured with blows and kicks." This species of torture is kept up till death is imminent. The poor animal is then tied together neck and heels and slung head downwards. The skin of the neck is then partially removed, and the congeries of veins cut across with the knife. 'An occasional blow with the poleaxe is given as it flaps to and fro in the air; and the last remnant of vitality is roused to the perception of pain by the process of dressing, which consists in skinning the animal at certain parts and blowing in air while the body is sedulously beaten with rods." All this refined torture is inflicted because people will have their veal "bleached" till it is as white and as tasteless as a kid glove, instead of possessing a rosy tint and wholesome flavour. This is evidently a matter in which public opinion should be brought to bear in aid of humanity; and, if the accounts thus given by the correspondents of the *Liverpool Daily Post* be correct, the sooner the "bleaching" calves is numbered among the things of the past, such as the whipping of pigs to death, the better for our consciences and our reputation.—*British Med. Journ.*, June 8.

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Obituary Record.—Died, in Paris, Sept. 10th, from cerebral hemorrhage, aged 74, Dr. P. Rayer, one of the most eminent of the Paris Faculty. He was the founder and permanent President of the Biological Society, and has occupied many elevated positions, such as President of the Academy, Dean of the Faculty of Medicine, President of the General Medical Association, Physician to La Charité, Consulting Physician to the Emperor, &c. &c. He earned these elevated positions by incessant labour and indomitable industry. M. Rayer will long be gratefully remembered for his prompt appreciation of and the encouragement he afforded to youthful talent. It was under his tuition that were developed Claude Bernard, Ch. Robin, Tardieu, Gubler, Vulpian, Charcot, &c., who now stand in the front ranks of French Medical Science. M. R. continued his labours until a few days before his death.